



**LONGMONT
HOUSING & COMMUNITY
INVESTMENT**
A Division of Community Services

City of Longmont Flood Recovery Temporary Rental Assistance Program

Application

The City of Longmont Flood Recovery Rehabilitation Program assists eligible households whose primary residence was damaged by the September 2013 flood. This Program can provide City of Longmont residents with rental, security deposit, and moving costs assistance for a maximum of 24 months. Please review and complete this application. General instructions are listed on page 2 and a list of required documents to be submitted is on page 3.

For any questions and/or to submit a completed application, please contact

Molly McElroy, Housing and Community Investment Specialist
350 Kimbark St.
Longmont, CO 80501
Tel: 303-774-4648
Email: molly.mcelroy@ci.longmont.co.us

Additional Community Resources

Boulder County Housing and Community Education Program

A free service offering financial counseling, including pre-purchase, credit, budget, mortgage default, and reverse mortgage. Classes, workshops, and one-on-one counseling are available.

Tel: 720-564-2279
Email: www.bouldercountyhc.org

Boulder County Long-Term Flood Recovery Group

An organization that works with residents affected by the flood. The LTFRG offers case management to find solutions and resources for flood survivors. For more information and to complete an intake form, please contact the LTFRG.

Tel: 303-442-2178
Email: floodrecovery@unitedwayfoothills.org
Web address: www.bocofloodrecovery.org

**Traducción al español está disponible a solicitud/
Spanish translation is available upon request.**

General Instructions

General Instructions

- Read the instructions for this application.
- Please type or use Blue or Black ink. Do not use pencil. All blanks must be completed or have N/A written in.
- Please fill out this entire application. Submit copies of required documents for all household members. **Do not send originals as they cannot be returned.** Incomplete applications and those missing documentation will not be fully processed until all required paperwork has been submitted. Please refer to the Required Document Checklist on page 3 for a list of all required paperwork.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date this application. Submit by mail or hand delivery the application with copies of all required documents for all household members to the address below.

Molly McElroy
City of Longmont
Housing and Community Investment Specialist
350 Kimbark St.
Longmont, CO 80501

Include Required Documents: Submit copies of required documents. ***Do not send originals*** – you will need copies of most of these documents for your records. Incomplete applications (those missing required documentation or without the application filled out) will not be fully processed until all paperwork has been submitted. Please refer to the *Required Documentation Checklist* (page 4) for a list of all required paperwork. Documents will not be returned to you in the future.

Processing of Your Application: The application review process may take at least two weeks from the time your completed application has been submitted. ***Completing this application does not guarantee that you will be eligible for the Temporary Rental Assistance Program.*** All applicants will be notified in writing of their eligibility.

Income Calculation: Federal regulations (24 CFR Part 5) require a "snapshot" of your gross income (net, if you are self-employed) and project it forward 12 months. Federal regulations also require that income is calculated from your assets and added to your income. The income stated in the eligibility letter you receive from the Program may look different than what you think of as your income. Please contact the Program if you have questions on how your income was calculated.

****Please note****

- ❖ ***Priority for assistance*** will be given to households who are/were living in mobile/manufactured housing, are elderly, and/or are disabled.

Required Document Checklist

Copies of the following documentation must be turned in for all household members with the completed application.

- ☐ Completed application, signed and dated.
- ☐ Documentation that your residence at the time of the September flood sustained damage or was destroyed due to the flood. Documentation can include FEMA registration, Small Business Administration registration, or another recognized flood recovery/assistance program. If you have not registered with a flood-assistance organization, the City of Longmont may determine if your residence was located in a flood affected area.
- ☐ A completed Immigration Status Affidavit (Declaration of Section 214 Status) on page 15 and a photocopy of an approved form of identification for all household members. Acceptable documentation includes, but is not limited to, the following:
 - US Birth Certificate, US Passport, or US Citizen Identification Card (I-197)
 - Certificate of Naturalization (N-550 or N-570) or Certificate of Citizenship (N-560 or N-561)
- ☐ Social Security Cards for all household members.
- ☐ A completed employer verification form.
- ☐ Copies of two months of most recent pay stubs for each employed household member.
- ☐ Verification of all other sources of income (Social Security, pension, child support, maintenance, etc.)
- ☐ Complete copies of your most recent federal tax returns, all corresponding W2's, and attached schedules.
- ☐ If you are self-employed (full or part-time) submit:
 - a year-to-date profit/loss statement.
 - three years of personal and three years of business federal income tax returns including all pages, W2s, and schedules.
 - an estimate of the income you will receive for the next 12 months and an explanation as to how you came to that number.
- ☐ Documentation regarding court ordered child support and/or alimony/maintenance payments you are to receive.
- ☐ Six months of statements from your financial institution documenting the balance of your checking account.
- ☐ Most recent savings account statement, including the interest rate. Include Health Savings accounts.
- ☐ A copy of the most recent statement from all other assets (IRA, 401K, cash value of life insurance policy, etc.) verifying the current balance and interest rate or annual dividend payment.
- ☐ Verification of all sources of assistance received for flood related expenses including determination of SBA loan.
- ☐ Printout of FEMA account. Instructions for accessing your account are included with this application (page 23).
- ☐ Homeowner or Rental Insurance approval or denial letter regarding flood related assistance. If you did not have insurance at the time of the flood, please complete the Affidavit of No Insurance (page 21). This affidavit is required to be notarized by a public notary. You can schedule an appointment with the City to have the affidavit notarized.
- ☐ If you currently own a home, submit the most recent mortgage statement.
- ☐ If you were a renter at the time of the flood, submit the lease for the property damaged or destroyed by the flood.
- ☐ If you currently own other real property, such as vacant land and/or commercial property, submit a recent appraisal of Assessor's statement and a recent mortgage statement.
- ☐ Signed and completed Duplication of Benefits form (page 14).
- ☐ Completed signed and dated Consent to Release information (page 19).

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City of Longmont
Temporary Rental Assistance Program Application

PART 1: HOUSEHOLD INFORMATION

Section A- Complete the following section for all household members age 18 or older who occupy the property. For household members 17 years old and younger, complete the information requested in Section B, on the next page. Make copies if necessary for any additional household members.

Assistance applying for

Rental Assistance _____ Utility Hookup Assistance _____

Security Deposit _____ Assistance with moving costs _____

Primary Applicant – Name: _____

Current Address (street, city, state, zip): _____

Phone: cell) _____ work) _____ e-mail: _____ other) _____

Birthdate _____ Gender _____ Household size _____

Are you disabled? ☐ Y ☐ N (*Disability will be documented by the receipt of Social Security Disability Income or a City form completed by a licensed medical professional*)

OPTIONAL Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.

Ethnicity (please choose one):

☐ Hispanic or Latino OR ☐ Not Hispanic or Latino

Race (please check *one or more* of the following):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

☐ White ☐ Other Multi-Racial

Property damaged /destroyed by the flood (street, city, zip): _____

Is/was this property a mobile home? ☐ Y ☐ N

Do/did you own this property? ☐ Y ☐ N

If you rented the above property, prove you landlord's contact information below.

Address: _____

Phone: _____

Email: _____

Alternate Contacts Information: this information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. You may also list a contact who is helping you through this process.

1. Contact Name: _____

Phone: _____

Address: _____

2. Contact Name: _____

Phone: _____ email: _____

Address: _____

Adult Household Member #2 – Name: _____

Current Address and Phone (if different from above): _____

Relationship to Primary Applicant _____ Birthdate _____ Gender _____

cell) _____ work) _____ email) _____ other) _____

Ethnicity _____ Race _____

Are you a full-time student? ☐ Y ☐ N

Are you currently employed? ☐ Y ☐ N

Do you receive any other income? ☐ Y ☐ N

Adult Household Member #3 – Name: _____

Current Address and Phone (if different from above): _____

Relationship to Primary Applicant _____ Birthdate _____ Gender _____

cell) _____ work) _____ e-mail) _____ other) _____

Ethnicity _____ Race _____

Are you a full-time student? ☐ Y ☐ N

Are you currently employed? ☐ Y ☐ N

Do you receive any other income? ☐ Y ☐ N

Section B - Complete the following section for all household members *age 17 and younger* who will occupy the home.

Name	Birthdate	Gender	Ethnicity	Race	# of months during the year the child lives with you
			See text box in Section A for details		

PART 2: INCOME AND ASSET INFORMATION

Each individual in the household who receives income, has assets, or has debts must submit PART 2 (make additional copies of this page if necessary).

- Do not provide employment income information for household members 17 years old or younger.
- Include assets held by or on behalf of children and/or benefit income received by or on behalf of children.
- On the following list, check **yes** if you receive the particular income, and check **no** if you do not receive the income.
- Verification will be required for each item checked **yes** (see *Required Documentation Checklist* on page 3).

Information for: (Name) _____ (complete a copy of this page for each adult who earns income).

Section 2A - Income Information

Gross income is the combined household income which includes, but is not limited to, job earnings, Social Security and Social Services income (for all in household), TANF, VA benefits, unemployment income, military pay, worker's compensation payments, child support, alimony/maintenance payments, income from retirement, life insurance payout, stocks, etc. ***Failure to report household income is considered fraud and can have serious consequences.***

Employment Income (Do not include employment income of children younger than 18)

Self-Employment	Receive?		Type of Income	Anticipated <u>Net</u> Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name of Business:	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	\$	
Employer #1	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name and Address of Employer:	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Overtime Pay	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Commissions	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Fees/Tips	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Bonuses	\$	
Avg # hours work/week: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Employer #2	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name and Address of Employer:	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Overtime pay	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Commissions	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Fees/Tips	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Bonuses	\$	
Avg # hours work/week: _____	<input type="checkbox"/>	<input type="checkbox"/>			

Section 2B - Income Information *(continued)*

Information for: (Name) _____ (complete a copy of this page for each person who earns income or has debt).

Benefit Payments (documentation required)

Type of Income	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Worker's Comp/Disability Pay/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Unemployment Insurance/Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Insurance Policy Payments/Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Pension/Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
PLEASE ADD ALL BENEFIT INCOME AND RECORD THE TOTAL HERE \$ _____				

Alimony and Child Support

Provide a copy of the court order for each type of support and indicate whether you are actually receiving it/them

Type of Support	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Alimony/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$	
PLEASE ADD ALL SUPPORT INCOME AND RECORD THE TOTAL HERE \$ _____				

Other Sources of Income

Type of Other Income	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Money or gifts regularly given by persons not living in the home	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Lottery winnings paid in periodic payments	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income (pls specify):	<input type="checkbox"/>	<input type="checkbox"/>	\$	
PLEASE ADD ALL "OTHER" INCOME AND RECORD THE TOTAL HERE \$ _____				

Section 2C - Asset Information

Information for: (Name) _____ (complete a copy of this page for each person who has assets).

Report the following assets:

Bank: Savings accounts, checking accounts, money market accounts.

Property: Homes, equity in rental property, land, other capital investments.

Monetary Investments: Current cash value of stocks, bonds, Treasury bills, certificates of deposit.

Retirement: IRA, 401(k), Keogh account, pension. Include information even if a penalty is paid for early withdrawal.

Life insurance: Cash value of life insurance policies available to the individual before death.

Personal investment property: gems, jewelry, coin collections, antique cars, etc.

Lump sum or one-time receipts: inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.

Other: such as mortgages or deeds of trust held by an applicant, property, land and/or other assets owned by the applicant

Do Not Report: necessary personal property such as clothing, furniture, and vehicles.

Bank Accounts

Have?		Name of Institution	Type of Account	Current Balance
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Other (pls specify)	\$

PLEASE ADD ALL BANK ACCOUNT BALANCES AND RECORD THE TOTAL HERE \$ _____


Other Assets

Have?		Name of Institution	Type of Investment	Current Value of Assets	Clarification Notes
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>		Individual Stocks	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Bonds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Mutual Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Trust Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Retirement Accounts (ie, IRA, Keogh, 401K, 403B, PERA)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Cash value of life insurance policy	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Gift Money for down payment	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Estimated Proceeds from Sale of Home	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Value of Other Property (pls specify)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Other Asset (pls specify)	\$	

PLEASE ADD VALUE OF ALL OTHER ASSETS AND RECORD THE TOTAL HERE \$ _____

Section 4. Financial Assistance

Version 3

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	Received funding		Amount received	Reason for payment (Rental assistance, repairs, personal property, etc.)
	YES	NO		
FEMA	<input type="checkbox"/>	<input type="checkbox"/>	\$	
SBA Loan	<input type="checkbox"/>	<input type="checkbox"/>		
Insurance (homeowners, renters or flood)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Boulder County Long Term Flood Recovery Group	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Non-Profit organizations (e.g., churches, OUR Center)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
PLEASE ADD ALL FINANCIAL ASSISTANCE AND RECORD THE TOTAL HERE \$ _____				

Section 5. Housing Costs

If you own a home please complete the following:

- Property address: _____
- Did you live in the home at the time of the September 2013 flood? ☐ Yes ☐ No
- Reason for requesting temporary rental assistance: _____

- Estimated length of time you will need temporary rental assistance: _____
- Do you have any deeds/mortgages on this property? ☐ Yes ☐ No
 - If yes, please list the monthly payments for each loan

Section 6. Flood Assistance Programs' Registration

Did you register with FEMA after the flood? ☐ Yes ☐ No

Did you register with the Small Business Administration after the flood? ☐ Yes ☐ No

Did you register with the Boulder County Long-Term Flood Recovery Group? ☐ Yes ☐ No

- If yes, who is your case manager? _____

If you have not registered with a flood-assistance organization, the City may determine if your property was located in flood affected areas before qualifying you for Temporary Rental Assistance.

PART 7: CERTIFICATIONS

It is our policy to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. This includes documents and e-mails sent in support of this application to the City of Longmont Flood Recovery Temporary Rental Assistance Program after the application has been submitted.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the City of Longmont Temporary Rental Assistance Program and may result in legal action against me/us.
- I/We certify that if I/we receive Temporary Rental Assistance from the City of Longmont, I/we will occupy the property for which assistance is received as my/our primary residence.
- **Consent to Release Information:**
I/We authorize representatives from City of Longmont to supply and receive information to/from, my/our employer(s) or third party organizations my/our employer(s) use to provide income verification information, my/our financial institution(s), and other housing programs to verify the information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts and other financial information. I also authorize representatives from the City of Longmont to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with funders for the purpose of funding compliance.
 - If I/we request use of information from The Work Number, or any other third party employment verification organization, for employment and income verification, I/we understand this information will be used in whole or part to determine my eligibility for the program(s). I also understand that only agencies which subscribe to this service may use information from The Work Number, and that reports obtained from The Work Number by one agency may not be shared with other agencies.
 - I release all representatives from the City of Longmont from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my application for the City of Longmont Flood Recovery Temporary Rental Assistance Program.
- I understand that completion of this application does not guarantee that my/our eligibility for the Program and/or that I/we will successfully receive assistance from the City of Longmont Flood Recovery Temporary Rental Assistance Program.

Applicant Signature

Date

Co-Applicant Signature

Date



659-3656.

Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and the City of Longmont policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. The City of Longmont Assistance is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program. For more information, please contact the City of Longmont. Spanish translation is available. TDD service for those individuals with hearing and speech disabilities is available through Colorado Relay Service at 1-800-

Confidentiality: In order to process an application, the City of Longmont may supply and receive information as detailed in the “Consent to Release” clause above. Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

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PART 8 - DUPLICATION OF BENEFITS CERTIFICATION

The undersigned, on behalf of and as a duly authorized agent and representative of _____
(Applicant), certifies and represents that all information contained in and enclosed with the **City of Longmont Flood Recovery Temporary Rental Assistance** application is true to the best of his/her knowledge and acknowledges that the City of Longmont Housing and Community Investment Division has relied on such information to award Temporary Rental Assistance funds.

The Applicant also certifies that s/he has disclosed to the City of Longmont in the application process all FEMA, SBA, insurance proceeds, and other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance may be provided by the City of Longmont.

The Applicant certifies that s/he will disclose to the City of Longmont all future FEMA, SBA, insurance proceeds, or other funds received from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance has been provided for three years from the date of assistance is awarded by the City of Longmont.

The Applicant acknowledges that s/he may be prosecuted by Federal, State, or local authorities and/or that repayment of all disaster recovery funds may be required in the event that the Applicant makes or files false, misleading, or incomplete statements or documents. The Applicant also agrees to repay any assistance later received for the same purpose as the City of Longmont Flood Recovery funds received for three years after the receipt of City Flood Recovery assistance funds.

Signature

Date

Printed Name

Signature

Date

Printed Name

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DECLARATION OF RESIDENCY

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance must be lawfully within the United States. Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing.

I, _____, swear or affirm under penalty of perjury that
(check one):

_____ I am a United States citizen, or

_____ I am a non-citizen national of the United States, or

_____ I have an immigration status that makes me a "qualified alien"

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Name (please print)

PART 10 REQUEST FOR VERIFICATION OF EMPLOYMENT

Section A:

Applicant - Please fill out Section A then give this form to your employer to complete Sections B and C.

Applicant's Name:	Employer's Name:	
Address: _____	Address: _____	
City, State, Zip Code	City, State, Zip Code	
Phone:	Phone:	Fax:

Employer - please fax this completed form to:

City of Longmont, Housing & Community Investment Attn: Molly McElroy	Phone 303-774-4645	Fax 303- 651-8590
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I authorize you to release my employment information to the City of Longmont checked above.

Employee's Signature: _____ **Date:** _____

Section B: Employer - Please provide the following information for the above listed employee, then fax or email the completed form to the contact information I indicated in Section A. Please call the City with any questions.

Present Position:	Dates of employment:
Probability of Continued Employment:	
Current Gross Pay (Enter amount per Pay Period): \$	
Please circle frequency: hourly weekly 2x/month (24x/yr) bi-weekly (26/yr) monthly Other: _____	
Average regular hours worked per week:	
Overtime rate per hour: \$	Average number of overtime hours per week:
Commissions earned per week: \$	
Tips earned per week: \$	Annual Bonuses: \$
Date and amount of applicant's last pay increase:	Date Amount
Date and projected amount of applicant's next pay increase:	Date Amount
Additional information (please explain seasonal work cycles and other pertinent information):	
Employee's Total Gross Annual Income: \$	

Section C: EMPLOYER - Authorized Signature

Signature	Title	Date
Printed Name	Phone	Email

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CDBG-DR Flood Recovery Consent to Release Information

I/we, _____ and _____, born on _____,
Applicant Client Full Name *Co-Applicant Client Full Name*
_____ and _____, currently residing at _____,
Applicant Date of Birth *Co-Applicant Date of Birth*

_____, hereby consent to the disclosure of information collected
Current address

by FEMA, SBA (Small Business Administration) Program, property insurance companies, Boulder County Long-Term Flood Recovery Group, OUR Center, and/or other organizations listed below to the City of Longmont Housing and Community Investment Division.

The purpose of this disclosure is to assist with the determination of my/our eligibility for the CDBG-DR Flood Recovery Programs administered by the City of Longmont based on my/our residency at

_____ at the time of the September 2013 flood.
Property damaged by the September 2013 flood.

I/we consent to the following information being disclosed to the City of Longmont Housing and Community Investment Division:

- My/our entire case file including inspection report; amount of assistance received; status of application for assistance programs, including appeals process, final outcome, etc.
- Documentation of the amount paid to me/us or on my/our behalf by my/our insurance company for homeowner or renter insurance in response to the September 2013 flood. This includes documentation of the full amount I/we have received from insurance for all purposes related to the flood and documentation for any denials under my/our policy for the above damaged property.
- Documentation of all financial assistance provided to me/us, received by me/us, or made available to me/us for flood assistance and the purpose of that assistance (e.g., rental assistance, food and gas, home repairs).
- My/our current contact information
- Other entities as identified by the City of Longmont.

In order to provide goods and services including case management, the coordination of recovery efforts among agencies and non-profits, and the prevention of duplication of services, I/we consent that the above information may be disclosed to the following organizations by the City of Longmont Housing and Community Investment Division:

- Boulder County Long-Term Recovery Group
- Boulder County Housing and Human Services Department
- OUR Center
- Other entities as identified by the City of Longmont.

All the information contained in this Consent to Release Information is true and complete to the best of my/our knowledge and belief.

Signature

Date

Client

Signature

Date

Client

AFFIDAVIT OF NO INSURANCE

I/we, _____, being duly sworn, deposes and says:

1. I/we owned or rented at the time of the September 2013 flood the property located at:

Property Address

City, State, Zip

2. On September 11, 2013, the property described above was not insured under any insurance policy and I/we am/are not entitled and have not received any payments under any such insurance policy for losses related to the property described above.

Applicant Signature

Date _____

Co-Applicant Signature

Date

State of _____)
 _____) ss:
 County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 2015 by _____.

(Name of person acknowledged, i.e. signing agreement)

Witness my hand and official Seal.

My Commission expires _____.

Notary Public

How do I create an account to access my FEMA registration online?

For applicants applying to the City of Longmont Flood Recovery Housing Assistance Programs

To create an online account:

1. Visit **www.DisasterAssistance.gov**
2. On the left side of the Home page, you will see an area that says **Check Your Status**
 - Click the button at the bottom of the page that says **Create account**
 1. A form will appear to confirm your identity before allowing you to access your FEMA information online.
 1. You will need to provide your birthday and social security number. You do not need to provide your FEMA account number
3. You will then take a short security quiz with 4 questions. This ensures your personal information is secure. Click **Submit** when completed.
4. After completing the security quiz, you will be asked to create a User ID and Password and provide a valid email address.
 - You will be emailed a temporary PIN number to the e-mail address provided at the time of the request. You should receive your temporary PIN within 24 hours of the request for a PIN.
5. It may take up to 24 hours after receiving your temporary PIN via e-mail before you are allowed to access your personal account. When you first login using your temporary PIN, you will be asked to change the temporary PIN to one of your choosing.
 - It is required you have your User ID, Password and PIN to access your application. Once you login with your temporary PIN, you will be prompted to change this PIN. Type these exactly as shown as they are case sensitive.
 - Please keep your new PIN safe.
 - When you login with your new PIN, the system will access your registration.
 1. Print out the page that says **Your Application Status**, which will list the assistance requested, the assistance type, the status and the amount of assistance.
 1. Please ensure that the date the page was printed is listed on the bottom right-hand corner of the page.

For questions, please contact:

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